

APPLICATION FOR SIGN

Bayfield County Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
MAY 11 2009
Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Office Use:
Application No. <u>12-0390</u>
Date <u>10-1-10</u>
Fee Paid <u>\$50.5/11/09</u>
ENTERED

Applicant Northwoods Lumber 3 Contractor Northwoods Lumber

Address PO Box 786 Authorized Agent Richard Forsythe
~~Address Ashland WI 54806~~ Agent's Telephone Same as abt

Telephone (715) 682-4340 Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request: Zoning District: _____

Se 1/4 of NW 1/4 of Section 21 Township 44 N. Range 9 W. Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision 04-004-2-44-00-21-2 CSM # _____
Volume _____ Page _____ of Deeds Parcel I.D. # _____ ACREAGE 40

Additional Legal Description: _____ ATTACH Copy of Tax Statement ☒

Sign: On-premise ☒ Off-premise ☐ Sign: New ☒ Replacement ☐

Size of Sign: 4 Feet by 4 Feet Height of Sign: 9 Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:

I, _____, owner of the above described property, do hereby give my authorization for _____ to erect and maintain a sign on my property.

Signed _____ Date _____

Property Owner
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued:

Date 10-1-10 Permit Number 12-0390 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per agents representation
By M. Furtak Date of Inspection 5-21-09

Variance (B.O.A.) # _____

Condition Northwoods Lumber Only To be Remanded if Pit Closes

Rec'd for Issuance: Signed Richard Forsythe Date of Approval 5-21-09

Inspector _____

Secretarial Staff ISSUE PER. ME + DS. PROPERTY OWNERS SIGN. NOT LOCATE LETTER OF AUTH. SIGN ALREADY PLACED.

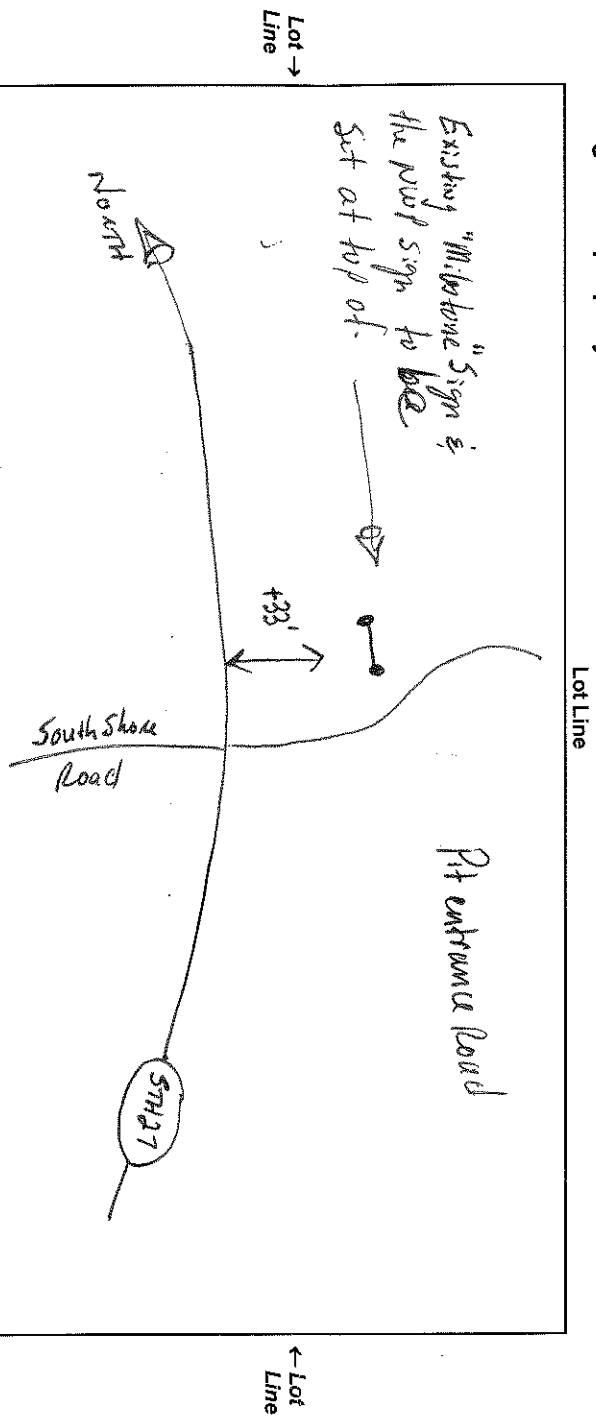
Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the sign location

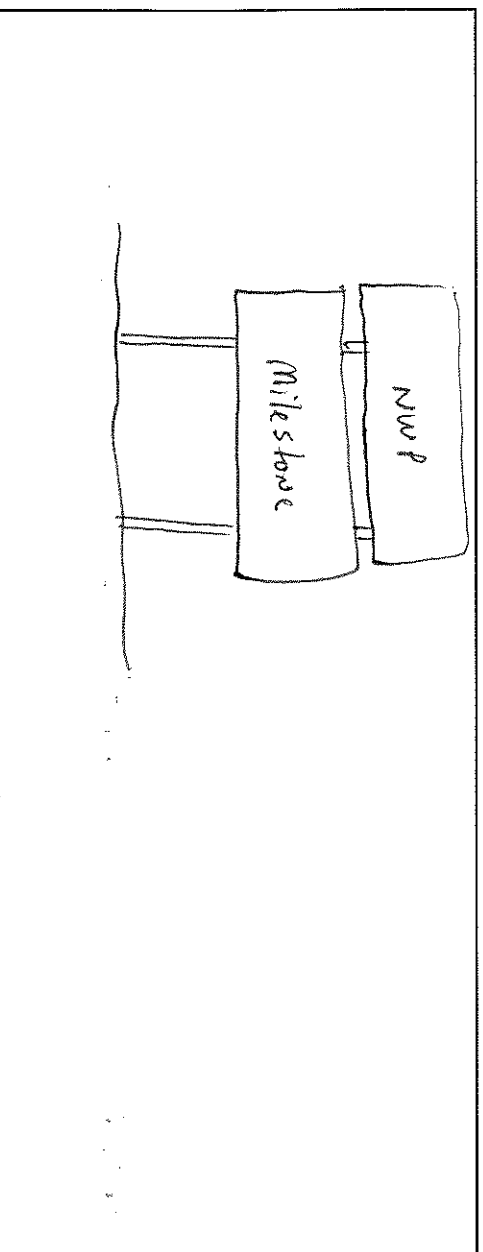
IMPORTANT
Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:

- a. Sign from centerline of road(s).
- b. Sign from right-of-way line
- c. Sign from property lines
- d. Sign from lake, river, stream or pond
- e. Sign from other signs



Name Frontage Road (State Hwy 27)
NOTICE: The local town, village, city, state or federal agencies may also require permits.
Sign Plan
(Fill in Information Desired on Sign)



I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

I, the undersigned, attest that the information contained herein is accurate and true.

Applicant's/ Agent's Signature

Date

Address to Mail Permit to

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY ZONING DEPARTMENT
Date Stamp Received
SEP 28 2012
Bayfield Co. Zoning Dept.

Permit #:	12-039
Date:	10-1-12
Amount Paid:	\$75.00 PDS
Refund:	10/1/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jane Louise Traug</u>	Mailing Address: <u>5121B58th St</u>	City/State/Zip: <u>North Branch, MN</u>	Telephone: <u>955-6023</u>
Address of Property: <u>55240 Valley Dr.</u>	City/State/Zip: <u>Barnes, WI</u>	City/State/Zip: <u>54873</u>	Cell Phone:
Contractor: <u>self</u>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-004-2-45-09-18-400-231-1900-231</u>
<u>1/4, 1/4</u>	Gov't Lot	Lot(s)	CSM
<u>30-23</u>		Vol & Page	Lot(s) No.
			Block(s) No.
Section <u>18</u> , Township <u>45</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>		Subdivision: <u>Neve's Add to North Branch</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure Is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure Is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Recorded Document: (i.e. Property Ownership)		Page(s) <u>892</u>	

Value at Time of Completion * include donated time & material <u>\$7,000</u>	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u>	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	with a Deck	() X ()	
	<input type="checkbox"/>	with (2 nd) Deck	() X ()	
	<input type="checkbox"/>	with Attached Garage	() X ()	
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
	<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>garage</u>	() X ()	600
	<input type="checkbox"/>	Accessory Building (specify)	() X ()	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/>	Special Use: (explain)	() X ()	
	<input type="checkbox"/>	Conditional Use: (explain)	() X ()	
	<input type="checkbox"/>	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jane Louise Traug
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Jane Louise Traug
(if you are signing on behalf of the owner(s) authorization must accompany this application)

Rec'd for Issuance 1641 31st Ave, Auevy, WI 54001
Address to send permit

OCT 1 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach ☒ Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show location of:
North (N) on Plot Plan
- (2) Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show location of (*):
All Existing Structures on your Property
- (4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show:
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*):
(*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

See attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Valley Dr			
Setback from the Centerline of Platted Road	150+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	135+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	130+ Feet		
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	300+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	340+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	80+ Feet	Setback to Well	50+ Feet
Setback to Drain Field	30+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

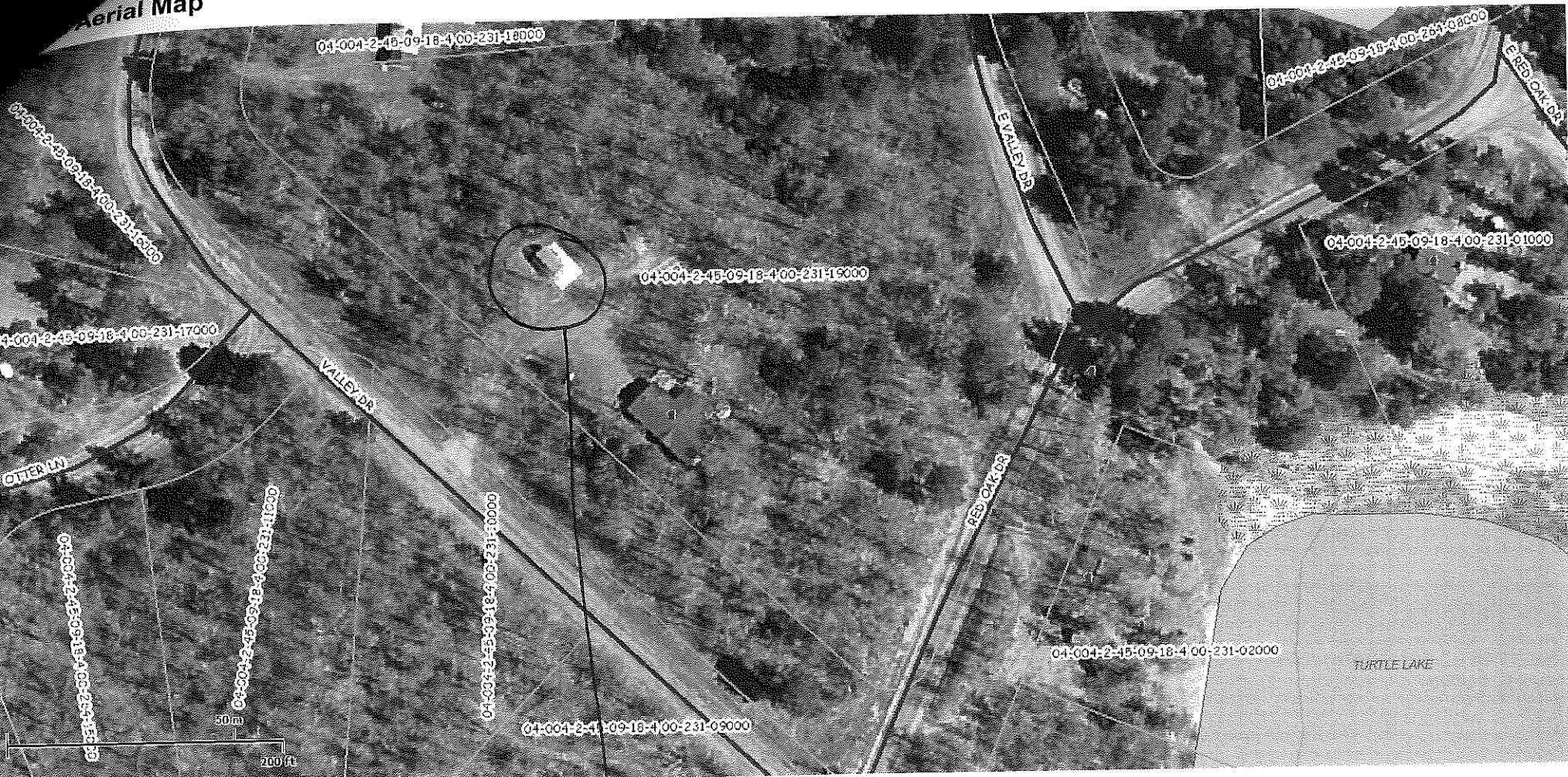
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 12-0393	Permit Date: 10-1-12					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District (R-1)
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Lakes Classification (NA)
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Date of Re-Inspection:
Inspection Record:						
Slab is existing. Metals all setbacks.						
Date of Inspection: 9-28-12	Inspected by: M. Fuitale					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)						
No water under pressure in structure. May not be used for human habitation.						
Signature of Inspector: Michael Fuitale	Date of Approval: 10-1-12					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

County, WI

Aerial Map



© Copyright 2008 ESRI. All rights reserved. Printed on Wed Sep 26 2012 10:49:35 AM.

garage location

Accessory Building Addition/Alteration (Specify)

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
SEP 28 2012
Bayfield Co. Zoning Dept.

Permit #: 12-0422
Date: 10-3-12
Amount Paid: \$7510-12
Refund:

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name: Gary R. Svensen		Mailing Address: 1702 Gent's Square Apt 208		City/State/Zip: Champaign, IL		Telephone: 61881		Cell Phone: 8174193197		Plumber Phone: N/A		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address of Property: 2340 Bong Lake Rd		Contractor: Barnes LLC		Contractor Phone: N/A		Plumber: N/A		Agent Mailing Address (include City/State/Zip): N/A		Agent Phone: N/A		Recorded Document (i.e. Property Ownership) Volume 946 Pages 911			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A		Agent Phone: N/A		Agent Mailing Address (include City/State/Zip): N/A		Subdivision: C-19000 04-004-2-44-09-05-2-5-03		Distance Structure is from Shoreline: 136 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROJECT LOCATION: 1/4, 1/4		Gov't Lot: 3		Lot(s):		CSM:		Vol & Page:		Lot(s) No.:		Block(s) No.:		Subdivision:	
Section 5, Township 44 N, Range 9w W		Town of: Barnes		Lot Size: 1.5		Acreage: 1.5		Distance Structure is from Shoreline: 136 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: 136 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> Non Shoreland															

Value at Time of Completion * include donated time & material \$ 11,500.	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None								

Existing Structure: (if permit being applied for is relevant to it)	Length: 22	Width: 24	Height: 210
Proposed Construction:	Length: 22	Width: 24	Height: 210

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	()		
✓ Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()	
		with Loft	()	()	
		with a Porch	()	()	
		with (2 nd) Deck	()	()	
		with a Deck	()	()	
		with (2 nd) Deck	()	()	
		with Attached Garage	()	()	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()	
	<input type="checkbox"/>	Mobile Home (manufactured date)	()	()	
	<input type="checkbox"/>	Addition/Alteration (specify)	()	()	
Municipal Use	<input checked="" type="checkbox"/>	Accessory Building (specify) Garage Workshop	(24 x 22)	528	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()	
	<input type="checkbox"/>	Special Use: (explain)	()	()	
	<input type="checkbox"/>	Conditional Use: (explain)	()	()	
	<input type="checkbox"/>	Other: (explain)	()	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gary R. Svensen
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 9/24/2012

Rec'd for Issuance: _____

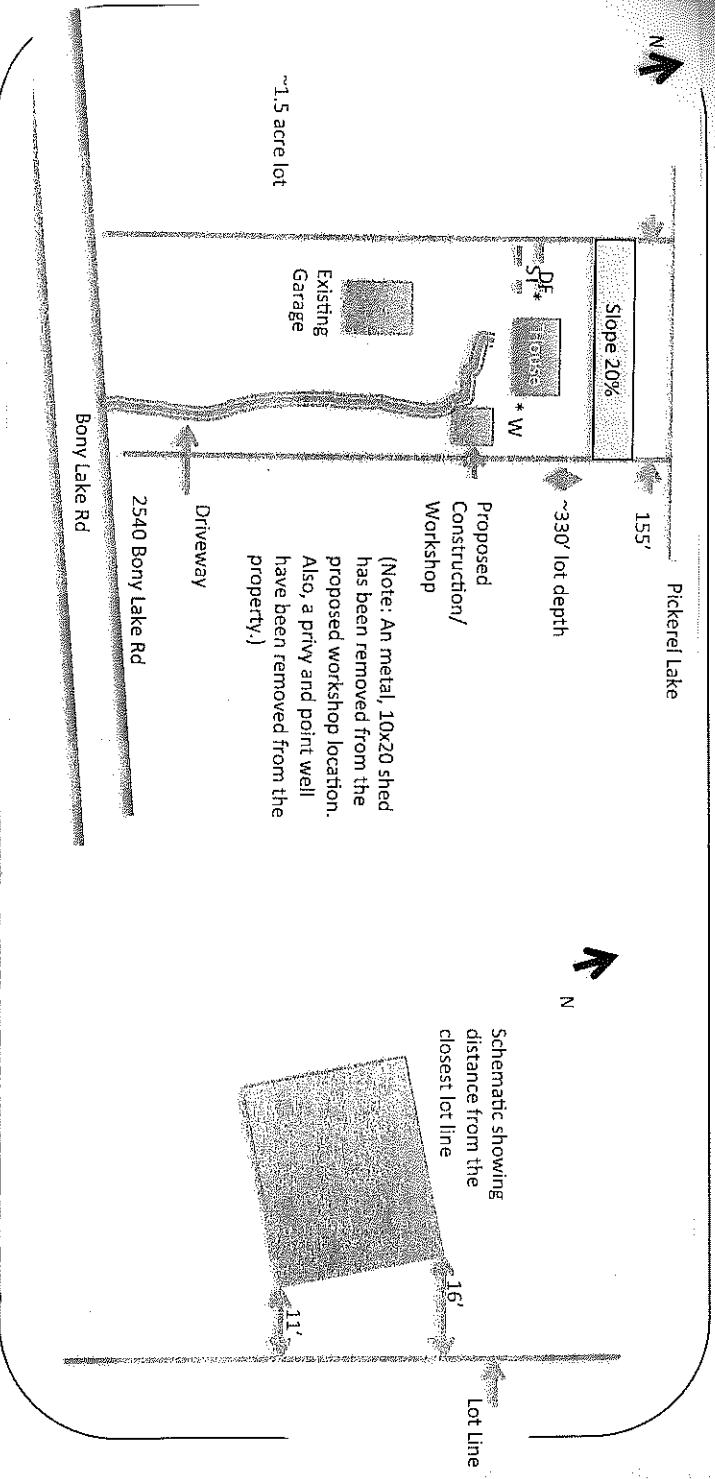
Address to send permit: 1702 Gent's Square, Apt 208, Champaign, IL 61811
If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show location of:
North (N) on Plot Plan
- (2) Show Location of (*):
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show:
All Existing Structures on your Property
- (4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*):
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	234 Feet	Setback from the Lake (ordinary high-water mark)	136 Feet
Setback from the Established Right-of-Way	218 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	136 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	218 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	132 Feet	Setback from 20% Slope Area	78 Feet
Setback from the East Lot Line	167 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	86 Feet	Setback to Well	37 Feet
Setback to Drain Field	107 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 12-0400		Permit Date: 12-23 10-3-12				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record) 1258	No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s))	No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inspection Record: well staked. meets all setbacks.						
30% < impervious surface.						
Date of Inspection: 10-2-12	Inspected by: M. Furtak					
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached.						
10-2-12						
May not be used for human habitation.						
Signature of Inspector: Michael Furtak						
Date of Approval: 10-3-12						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			